LARGE DOSES OF DIGITALIS IN PNEUMONIA.

PROF. PETRESCO gives a most astonishing account of the results of this remedy in pneumonia. He used an infusion made from one to two drachms of digitalis leaves, in some cases even three drachms in the twenty-four hours, with, he claims, complete success.

Since 1883 he has employed in pneumonia nothing except an infusion of one drachm of digitalis leaves in eight ounces of fluid, a tablespoonful every half hour. As a rule, the malady was strangled in three days. "The fever and all the physical signs, local as well as general, disappeared as if by enchantment."

The temperature fell, after about three doses of a drachm of the leaves, from 104°-105° to about 96°; the pulse from 120-130 down to 30-36, a minute.

The general condition of the patients improves in a most surprising manner; they wake up as if from a sound sleep, express themselves as feeling very well, and ask for something to eat.

The mortality in these cases was only 1.22 per 100. He even goes so far as to say that he is convinced that the mortality in this disease may be reduced to zero if these doses are given early.

As illustrating the tolerance and harmlessness of these doses of digitalis he refers to 577 observations published in his treatise on *Therapeutics*, in 1884, and to the theses of his students.—*Gazette Hebdomadaire*, Aug. 24, 1888.

MEDICINE.

UNDER THE CHARGE OF

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ON VERATRUM VIRIDE IN DIPHTHERIA.

In 1881, J. M. BOYD (*Medical Record*, 1888, 33, 627) was induced to give a child of four months, suffering from malignant diphtheria, full doses of Norwood's tincture: viz., a drop every two hours. After four or five doses the pulse fell from 180 to 80, and coincidently with this the abundant deposit melted away with great rapidity, and in twenty-four hours the occlusion of the nose and larynx had so far disappeared that the child was again able to nurse. Since this time the author has seen upward of seventy cases of the disease, and in no instance has the timely use of veratrum disappointed him. The medicine should be given early and in full doses, and made the essential feature of the treatment; the slowing of the pulse being the *sine qua non.*

The pulse of diphtheria is characteristic; being tense, wiry, and rapid. The viciousness of the attack may be better measured by the tension and speed of the pulse than by any other feature. If the heart is slowed by the veratrum, the rapidity of the circulation is lessened and the inflammatory processes about the seat of lesion are mitigated. Under the positive influence of the drug, the system appears to have a tolerance for the diphtheritic poison, and there is shown a resistance to the further progress of sepsis and to the spread of the membrane. The author does not fear asthenia from the use of veratrum, but dreads rather exhaustion from persistently rapid heart-action. Rest the tired heart, and the economy will take on recuperation and resistance to the poison, and the best protection against asthenia will be found. The dose for an adult is three drops every two hours, adding one drop each dose until the pulse is reduced to 60 or 70 per minute. If vomiting is a troublesome symptom, the dose must be increased cautiously or omitted occasionally.

ANTIPYRINE AS A SPECIFIC AGAINST WHOOPING-COUGH.

SONNENBERGER (*Therap. Monatsheft.*, August, 1888), writing again on this subject, considers antipyrine a specific in this disease. He gives it in somewhat smaller doses than those used for fever, administering about as many centigrammes as the child is months, and as many decigrammes as it is years old. With older children a proportionately smaller dose will prove efficient.

The drug is best given three times daily with, perhaps, an additional dose at night. In these small doses it can be given continuously for weeks without injurious results, a very important matter, since it is on this continuous administration of antipyrine that rapid recovery depends. In general, the earlier in the disease the drug is employed the better is the result. If the opportunity presents itself to use the drug before the characteristic attacks have been fully developed, we may often cut the disease short, or at least change it into the appearance of a mild bronchial catarrh. If the treatment be commenced in a somewhat later stage, the symptoms may be very greatly reduced in severity, and but six or seven mild paroxysms will occur in the twenty-four hours. In still later stages, when the disease is at its height, the action of the drug is by no means so remarkable, but the good influence is still seen after some days. The attacks become milder and less frequent, and expectoration more abundant; and the disease rapidly goes into the *stadium decrementi.*

Antefebrin acts far less favorably than antipyrine in controlling whooping-cough.

CATALYTIC ACTION OF ELECTRICITY IN RHEUMATIC AFFECTIONS.

G. L. WALTON (*Boston Medical and Surgical Journal*, 1888, cxix. 101) quotes several writers in evidence of the catalytic action of electricity. It appears that it is especially useful in rheumatic affections of muscles and joints of a subacute type, and that by the use of galvanism exudation and pain may be made to disappear. The author reports two cases treated successfully in this way. The first was one of rheumatism of the wrist and hand, which had lasted two months and had rendered flexion of the fingers impossible. Motion and massage were painful, and there was some atrophy of the muscles of the hand and forearm. Electricity was employed for twenty minutes daily; the galvanic current being passed through the wrist and fingers, and galvanism and faradism being applied to the muscles. Improvement began at once, and by the end of a week pain had nearly disappeared and motion was returning; and at the end of five weeks treatment was discontinued as recovery was nearly perfect. The second case was one of rheumatic swelling of the ankles which had lasted some months and gave considerable annoyance, though unaccompanied by pain or redness. In this instance faradism was used every other day. The swelling could be seen to lessen during the application, the return of it between the applications became less marked, and in two and a half months the ankles were virtually normal. Walton has treated several cases of muscular rheumatism with excellent results, particularly when the muscles of the neck and back were affected. Several instances of swelling of the ankles, not of a rheumatic nature, and cases of pain in the heels and soles caused by overuse were surprisingly benefited by electricity. In this class of cases the faradic current seems to answer as well as the galvanic.

ACUTE FEBRILE ICTERUS (WEIL'S DISEASE).

Since the publication of Weil on this subject, there have appeared articles by Goldschmidt, Wagner, Roth, Haas, Fiedler, and Hueber. Aufrecht has also reported two cases, but it is questionable whether they are correctly included under this heading. NAUWERK (*München. med. Wochenschr.*, 1888, 579) now publishes two new cases of the affection. In the first, an insane woman of thirty-five years, the disease began suddenly with fever, and on the second day intense icterus appeared over the whole body, and enlargement of the spleen was evident. There rapidly developed salivation, fall of temperature, profuse sweating, coma, and death on the third day of the disease. There was no vomiting or diarrhœa. At the autopsy there was found a necrosing inflammation of the small intestine, producing small scattered ulcers reaching to the muscular layer. The liver and kidneys exhibited extreme albuminoid, fatty, and necrotic degeneration of the parenchyma, with scattered foci of inflammatory cellular infiltration. The absence of bacilli and the extent of the degeneration indicated the presence of some toxic cause (ptomaine).

The second case occurred in the person of a butcher, who was suddenly taken sick with a chill, followed at once by the evidences of being extremely ill. There were profuse sweats, increased frequency of the pulse, and high temperature. By the third day icterus developed, and there was frequent vomiting with meteorism, mental oppression, and delirium. By the sixth day diarrhœa appeared; by the seventh, there was transitory diminution of the fever and rapidity of the pulse, and the liver became enlarged. Later the spleen was enlarged; on the sixteenth day a roseolous eruption was visible; and on the eighteenth day death occurred from cardiac weakness and œdema of the lungs. The autopsy revealed almost the same changes in the liver and kidneys as were seen in the first case. There was, however, an entire absence of any lesion of the gastro-intestinal tract.

ENDEMIC CEREBRO-SPINAL MENINGITIS.

Cerebro-spinal meningitis, says TOWNSEND (*Boston Med. and Surg. Journ.*, 1888, cxix. 52), first appeared in this country in 1806. Since then there have been numerous epidemics in different parts of the country, and, besides this, it is rapidly becoming endemic in many of the cities, especially in New York, Philadelphia, Chicago, and Jersey City. Since the great epidemic of 1872 the disease has not been absent from New York. It is evidently an infectious disease, and is as clearly not contagious, in the ordinary sense of the word. Numerous investigators admit the presence of a micrococcus in the purulent fluid of the meninges; and some have claimed that this is identical with that found in pneumonia. There seems, indeed, to be some relation between pneumonia and cerebro-spinal meningitis, when viewed from a clinical standpoint alone, since they not uncommonly occur together in the same patient. If one and the same microörganism were always the cause of both affections, there should exist a tolerably constant relation between the number of cases of the two diseases. The author shows by tables and graphic charts that no such relation exists, as applies to Boston at least; and he concludes that either the ordinary croupous pneumonia has a different origin from the pneumonia which is produced by the same organism as is cerebro-spinal meningitis, or certain uncomplicated cases of the latter affection are caused by a different organism from the one which is thought to produce both diseases. Clinical as well as bacteriological studies show that cerebro-spinal meningitis is related in some way to acute rheumatism on the one hand, and to ulcerative endocarditis on the other.

We may have, first, the fulminant form of the affection, in which death takes place in twenty-four hours or less; second, the abortive form, characterized by headache, stiffness of the neck, and, perhaps, a few herpes vesicles, with recovery in a few days; third, the intermittent form, in which there are intermissions at irregular intervals, when the temperature is normal, and almost all the other symptoms may nearly entirely disappear; and, fourth, the typhoid form. As regards differential diagnosis, the fulminant form is usually readily recognized, but where very rapidly fatal, may be confounded with cerebral hemorrhage. The absence of much elevation of temperature aids in distinguishing the latter affection. Tubercular meningitis is indicated by a family history, a gradual onset, the evidence of tubercles deposited elsewhere, and the absence of herpes. Retraction of the head may occur in basilar tubercular meningitis, but is rarely marked. If tubercles invade the spine, the symptoms of cerebro-spinal meningitis are exactly reproduced. In simple meningitis there is a history of traumatism or of middle-ear disease. Traumatism is said, however, to have produced the other affection.

The onset of scarlet fever may be marked by severe cerebral symptoms, but the diagnosis will not long remain in doubt. When it terminates fatally within twenty-four hours without the appearance of a rash, the diagnosis from cerebro-spinal meningitis may be impossible. The frequent absence in children of the cardinal symptoms of pneumonia may render the diagnosis obscure. Holt says that a slow, irregular, intermittent pulse may be found in meningitis, but not in pneumonia. A persistent high temperature, with but little variation, is characteristic of pneumonia, but not of meningitis. If in pneumonia there develop persistent retraction of the head, arching of the fontanelle, severe headache, retardation of the respiration, and frequent convulsions and coma, the contemporaneous existence of cerebro-spinal meningitis is probable. Typhus fever develops more slowly, and a copious macular eruption appears on the fourth to fifth day. A temporary pain and stiffness of the neck muscles may be caused by rheumatism; but there is no headache, and recovery takes place in a few days. The prognosis of cerebro-spinal meningitis varies extremely. Twenty to seventy-five per cent. die, but very severe cases may recover. The treatment consists in opium in large doses to relieve the extreme pain, bromides, cold applications to the head and spine, a sustaining diet, and stimulants as indicated. The author closes his paper with the reports of two cases coming under his observation.

ON AN AFFECTION CHARACTERIZED BY ASTASIA AND ABASIA.

Under this title **Blocq** (*Arch. f. Neurolog.*, 1888, xv. 24) describes a condition which has been spoken of by other writers under various names, indicating the inability, on the part of the patient, to stand or walk, although the sensibility, motor power, and the coördination of other movements of the lower extremities remain intact. From his own observations and those of others, he concludes that the disease usually begins rather suddenly with or without painful sensations, and generally after slight trauma or violent psychical disturbance. The characteristic symptoms vary in intensity, and in the lightest cases consist simply of an uncertainty in standing and walking. The effect of closing the eyes is inconstant; the tendon reflexes are normal. Locomotor movements of other sorts, as jumping, walking on one leg or on all fours, climbing, etc., are unaffected, and all movements are possible when the patient is in the recumbent position. There are often other nervous affections chiefly of an hysterical nature. The course of the disease is capricious, though recovery, often sudden, is the rule. The diagnosis is not easy, since the disease is to be distinguished from tabes, Friedreich's ataxia, hysterical ataxia and paraplegia, chorea, etc. As regards etiology, difficult parturition and typhoid fever have been noted as causes, in addition to those mentioned. Often no cause can be found. The same therapeutic means must be employed as in hysteria.

RAPIDLY FATAL CHOREA.

Cook and **Beale** (*Brit. Med. Journ.*, 1888, i. 795) report a fatal case occurring in a girl of nine years, in whom the choreic movements constantly became worse; delirium developed with slight fever, rapid and feeble pulse and rapid and interrupted respiration; and death suddenly occurred one hundred and thirty hours after the onset of the disease. The autopsy revealed extreme anæmia of the pons and medulla, but no other changes of note in other parts of the body.

A CLINICAL CONSIDERATION OF SIXTY CASES OF CEREBRAL PARALYSIS IN CHILDREN.

In the last four years at the Out-patient Department of the Children's Hospital, Boston, **Robert W. Lovett** (*Boston Medical and Surgical Journal,* 1888, 118, 641) has observed some sixty cases of motor disturbance in which there seemed reason to believe that the disability was of cerebral origin. They could be divided naturally into three groups: 1. Hemiplegia. 2. Spastic paralysis of both legs. 3. A class of nondescript cases, perhaps best called incoördination or idiocy. Of the first group there were twenty-six cases, ranging from one and a half to fourteen years of age. Two-thirds of these were cases of the adult type, while in the others there was more or less spastic paralysis of both legs as well. There was, in every case, at the time of observation a certain amount of impairment of motion of the diseased side. Muscular atrophy was, as a rule, slight compared with that seen in infantile spinal paralysis of the same duration. A considerable degree of bone shortening was seen in cases which had lasted some time. Facial paralysis had been present in at least half the cases, and strabismus was still observed in more than half. Mental impairment was common; only six of the twenty-six cases being of average intelligence. Seven cases were aphasic. Though abnormal parturition is so often the cause of cerebral injury in the child, yet in the cases of hemiplegia and spastic paralysis there existed no such universal factor, over half of them being born by normal labor which the mothers described as easy. All but two of the cases of hemiplegia were noted within the first two years of life. An illness of some sort, as severe crying, bowel irritation, indigestion, or convulsions, marked the onset of the disease in nearly all the patients. Spastic paralysis, in which the legs, and sometimes the arms, are straight and rigid, the gait is on the toes, the legs are often crossed, the reflexes are increased, and there is not much wasting of the muscles—occurred in sixteen cases, not including those in which it complicated hemiplegia. In most of them the disease was noticed immediately after birth. The mental impairment was even more general than in hemiplegia. In more than half there was strabismus; seven were completely aphasic; and twelve were unable to walk at all. In seven cases the hands were also affected.

The question whether spastic paralysis in children is spinal or cerebral in origin has been much discussed. The author lays stress on the fact that in all his cases there was not one which was free from cerebral symptoms. He quotes several writers to show that the cerebral origin is now the generally accepted cause. He has examined the records of seventy-seven autopsies of cases of hemiplegia and of spastic paralysis, and found uniformly a lesion of the motor tract, atrophy and retarded development of the brain, and descending degeneration of the pyramidal tracts and lateral columns of the cord. It seems unquestionable that the disease sometimes originates in defective development of the nervous centres, especially the pyramidal tracts. Since hemiplegia and spastic paralysis differ but little in the original lesion, it is not strange that they should be sometimes associated. It would seem that the first affection may gradually pass into the second.

The diagnosis of cerebral from infantile spinal paralysis can usually be made without difficulty, except at the beginning, when it is practically impossible. Cerebral paralysis is chiefly distinguished by being oftenest hemiplegic, while the tendon reflexes are increased, wasting comes on but slowly, and the reaction of degeneration does not exist. The prognosis of hemiplegia is grave; the chances being that mental enfeeblement will develop and possibly spastic paralysis. In pure spastic paralysis it is probable that the child will be able to walk somewhat, if the case is not severe, and eventually to talk more or less badly. The treatment of these affections consists in mental training, and in keeping the muscles in as good a condition as possible by the use of the faradic current and massage.

The third group of cases resembles superficially those which have been already described, but both definite paralysis and spastic rigidity of the muscles are absent, and idiocy obscures everything. Either the children were too limp to stand at all, or they stood with the feet far apart, and walked with a staggering gait and with frequent falls. The reflexes were sometimes normal, sometimes increased. Disturbances of sensation were common. Nine out of thirteen cases, which the author saw, were congenital, but it was hard to find any assignable cause for them. None of the cases showed any tendency to improvement during the time they were under observation. In none of the cases was the birth abnormal or difficult, and the author emphasizes the fact that in no class of cases of infantile cerebral paralysis does difficult labor have the influence which has been attributed to it.

THE CEREBRAL PALSIES OF CHILDREN.

OSLER (*Medical News*, July 14, 21, and 28, August 4 and 11, 1888) has reviewed the clinical material at the Philadelphia Infirmary for Nervous Diseases and at the Pennsylvania Institution for Feeble-minded Children at Elwyn. Three divisions are made: hemiplegia, 120 cases; bilateral hemiplegia, 19 cases; and paraplegia, 11 cases.

Hemiplegia is a common affection in children, according to some writers occurring as frequently as spinal paralysis, but at the Philadelphia Infirmary for Nervous Diseases the proportion is not quite 1 in 4. Of the 120 cases, 5 were boys and 63 girls. There was right hemiplegia in 68 and left in 52 cases. Of 110 cases at which the age at onset was noted, 15 were congenital, and in 81 the disease came on within the first three years of life. In 9 cases the children were delivered with forceps; 3 were due to trauma; 16 followed the infectious diseases. In the majority of cases the disease begins with convulsions and the hemiplegia is noticed when the child recovers consciousness. Incomplete recovery is the rule, but the patients are liable to the serious sequences of epilepsy and mental disorders. 31 cases presented post-hemiplegic movements. The result of an analysis of 90 autopsies is given. In 16 instances there were vascular lesions, as plugging of a Sylvian artery in 7, and hemorrhage in 9. The age at the outset in this group was high; as, excluding 3 congenital cases, there was only 1 under three years. Atrophy and sclerosis were met with in 50 cases. 2 instances are recorded of sclerosis from the Elwyn Institution. Porencephalus was present in 24 cases.

Bilateral spastic hemiplegia is characterized by a spastic condition dating from or shortly succeeding birth. There is no wasting; the reflexes are increased, the mental condition profoundly disturbed and ataxic, and athetoid movements of the most exaggerated kind may occur. 19 cases are described; 2 of bilateral athetosis. In 16 reported autopsies the condition has been either cortical sclerosis or porencephalus.

Spastic paraplegia in children is closely related to bilateral hemiplegia, but the arms are not affected. It dates from birth or comes on within the first years of life. The legs are stiff, the heels raised, and there is strong adductor spasm. The patient walks on the toes or there is cross-legged progression. The intellect is not so profoundly impaired as in bilateral hemiplegia. 11 cases are described. The morbid anatomy of this affection is not yet clear. Only one autopsy by Förster is reported (from the Dresden Children's Hospital). Cerebral lesion with descending degeneration was present. The reasons are given for believing it to be of cerebral origin, as Heine suggested many years ago, when he named the disease paraplegia cerebralis spastica.

In the discussion on the pathology of the cerebral palsies, apoplexia neonatorum is held to play an important part in the production of the bilateral hemiplegia and paraplegia. In hemiplegia there is still much doubt as to the nature of the initial lesion. Strümpell's poliencephalitis has not yet been demonstrated anatomically, though the view is very plausible, and subsequent autopsies may show the truth of it. The relation of the cases to the infectious diseases may be due to embolic processes associated with endocarditis, to arteritis or periarteritis such as has been described in the heart in typhoid fever, or to changes in the cerebral gray matter similar to those which have been described in the cord in measles by Barlow. The conclusion is reached that infantile hemiplegia is the result of a variety of different processes, of which the most important are: (1) Hemorrhage, occurring during violent convulsions or during paroxysms of whooping-cough. (2) Post-febrile processes: (*a*) embolic, (*b*) endo- and periarterial changes, (*c*) encephalitis. (3) Thrombosis of the cerebral veins. Under the section on treatment the question of operative interference is discussed and two cases are noted in which trephining was performed for Jacksonian epilepsy following infantile hemiplegia. These are held not to be suitable cases for operation.

TETANY.

J. HOFFMANN (*Deutsch. Arch.*, 1888, xliii. 53) publishes a valuable paper, based on eleven cases of tetany, reported in full, and accompanied by numerous references to cases of other observers and their opinions concerning the disease. In all but one of the author's patients the affection began between the ages of sixteen and twenty-five years. He is disposed to believe that the nature of the occupation is not without influence on its etiology, and that shoemakers, seamstresses, clerks, etc., are, perhaps, especially liable to it. After reviewing at some length the literature relating to the bearing of the thyroid gland on tetany, he concludes that, in all probability, the removal of this organ is one of the etiological factors. He does not agree with Strümpell that there are endemic influences in its production. The spasm was rather widely spread in the cases which he reports, and was always bilateral. The attacks lasted from several minutes to some hours, and in one instance ten days. The premonitory fibrillar muscular trembling was absent in most cases; the tendon reflexes were usually normal, but in one case diminished, and in another nearly absent. The attacks of spasm were always preceded or accompanied by paræsthesias. Trousseau's symptom (the production of an attack by compression of the main artery of a limb) was always present during the height of the disease, while the compression of a nerve had this effect in but one case. The disappearance of this symptom is in no sense a sign that the disease has terminated, but only that it is in abeyance. The galvanic and faradic electrical excitability of the nerves was much increased in all cases in which it was carefully examined; and even the facial and the hypoglossal nerves may share this excitability. An increase of the mechanical excitability of the motor nerves was absent in but one instance. A series of experiments convinced the author that the mechanical and electrical excitability of the sensory nerves is increased. The disease lasted in the author's cases from half a year to twenty-one years. Most commonly the attacks occur in groups, lasting some weeks, and with variable periods between them, in which there exist only certain symptoms of latency; or the intervals may continue for years, with absolutely no sign of the affection.

According to most authorities, the prognosis is favorable, though the disease may last for years. Death occurs only exceptionally, from exhaustion or spasm of the diaphragm. Certain of the author's cases exhibited evidences of paralysis, for which the tetany was apparently responsible. Frequent shedding of the finger-nails and a brown pigmentation of the skin of the hands and face was observed in one instance, and the author considers the probable cause of the latter to be nervous influence combined with repeated small extravasations of blood into the skin, induced by the muscular spasm. Hoffmann reports the results of autopsies which have been made, and quotes extensively the opinions of various writers concerning the pathological anatomy of tetany; all of which indicates that, though fine molecular nutritive changes of the nervous system are almost universally considered to be the cause of the disease, making it, therefore, a neurosis, the seat of the changes is still a much disputed point. He obtained the best therapeutical results from bromide of potash, morphia, and the galvanic current. In an appendix the author reports four additional cases of the affection, in two of which shedding of the nails took place, accompanied, in one instance, by falling out of the hair. He shows still further the positive influence of extirpation of the thyroid gland on the production of tetany, and calls attention to the fact that attacks seldom occur in summer, cold seeming to be a strongly exciting factor.

REVIVAL OF TARTAR EMETIC IN TREATMENT OF PNEUMONIA.

The amount of attention that has been given this ancient use of an old drug shows that it has not been so quite forgotten everywhere as it seems to have been here in America. Cf. Mosler, *Deut. med Woch.*, 1887, p. 1031; BRÜCKNER, *ibid.*, 1888, 1, No. 22, p. 447; *ibid.*, August 16, 1888, p. 686.

In Germany the drug has been given after the method of Lebert. Of tartar emetic gr. jss–gr. v are ordered in ℥vj of water, of which solution ℥ss (= gr. $\frac{1}{8}$ +) is given every hour till vomiting or diarrhœa occurs, and then every two hours. In most cases these symptoms from the side of the gastro-intestinal tract will cease even under the continued use (Lebert, Brückner); if not, or if opium does not control them, the remedy is to be given up. The tolerance is very variable. Usually, after one or two doses, there is vomiting, which brings great relief, then four to eight watery stools, then sweating and an increased expectoration. The pain and dyspnœa are much relieved. The well-ascertained physiological action of tartar emetic is in diminishing the blood-pressure, and its therapeutical action in pneumonia is probably to be found in this effect on the pulmonary circulation (Lebert). The clinical results from its use in the hands of these observers have been encouraging. Certainly most physicians would rejoice to have forty successive cases in hospital practice without a death! (Mosler).

DR. ARTHUR JAMISON, basing his conclusions on the careful study of 213 personally observed cases, in 155 of them has acquainted himself with the later history of the case and secured the opportunity of a physical examination at a period not less than two years after the attack. This after-history, he considers, should be the guide to treatment, for in 74 of the 155 examined he found traces of an unresolved pneumonia, viz., dulness of affected side, *râles*, etc., and 12 of the cases died of phthisis. Of the 81 found free from signs 65 *had been treated by tartar emetic.* Not only did physical signs persist in many cases, but he ascertained that many patients, though discharged as well after treatment by the usual methods, had for months some cough and expectoration, constant feeling of uneasiness, flatulent distention after meals, and in general were not up to par. On the basis, therefore, of much comparative trial of all methods of treatment, coupled with this after-investigation, Jamison recommends tartar emetic as a continued remedy, ascribing to it the merits of relieving the distress of the first stage and of easing the strain of breathing, while it is superior to everything else in inducing the greatest degree and rapidity of resolution, as tested by the after-condition of the lung. He gives it in doses of one-twentieth of a grain for young adults every hour, but less frequently to older persons. When the symptoms are relieved it is given less often, but still continued several days or even a week after defervescence. In no case of the large number treated has it caused either vomiting or diarrhœa. It is combined with a little paregoric. Dilute nitric acid is preferred in the after-treatment.—*Brit. Med. Journ.*, June 30, 1888.

PACZKOWSKI also reports a very large series of 532 pneumonias treated by Kermes mineral (antimon. sulphurat.). The mortality in this great series was only 1.69 per cent! The drug should be freshly prepared, and the earlier given the better. He makes the astonishing statement that if given on the second or third day the crisis occurs within twenty-four hours, sometimes in eight. It is given in the following formula:

Kermes mineral	gr. xxx.
Ext. digitalis	gr. ijss.
Opii	gr. j.

Divide in pil. no. xxxij. Two pills every two hours, and after the crisis two every three hours till convalescence is established.—*Deut. med. Woch.*, 1888, No. 29, p. 607.

CREASOTE AND IODIDE OF POTASH IN PHTHISIS.

G. STUECKER (*Therap. Monatshef.*, 1888, 385) has studied the conditions for the employment of these two drugs, and concludes from his experience that each has its limited sphere of action. Creasote is useful in those cases of phthisis of the nature of caseous pneumonia; while iodide of potash is to be preferred in fibroid contraction of the lung with adhesive pleuritis. In mixed forms of cheesy and fibrous tuberculosis the one or the other of the two drugs is to be employed, depending on whether the cheesy or the fibrous element predominates. In a third group of cases, in which the involvement of the bronchial mucous membrane produces a purulent or mucous bronchitis, the employment of the iodide is entirely excluded, and the balsams are to be given with or without creasote. A fourth group, in which the symptoms of emphysema are predominant, is to be treated with iodide of potash. Contraindications for the use of creasote are tuberculosis of the intestine, amyloid degeneration, and the late stages of phthisis. Contraindications for the use of iodide of potash are tendency to hæmoptysis, even slight lesions of the larynx (on account of danger of œdema of the glottis), ulcerative processes in the trachea, insufficiency of the kidney of whatever nature, and severe iodism.

MOVABLE HEART.

RUMPF (*Therap. Monatshef.*, 1888, 382) reports five cases of extreme movability of the heart, arising after the treatment of obesity or from emaciation. In one case, in which the treatment had caused a loss of fifty pounds, all the organs were normal, and when the patient was erect or lying on the back, the cardiac dulness was in the usual position and of the usual shape. When, however, he lay on the left side, the apex beat was removed to the middle axillary line, and the cardiac dulness left the sternum, only touching it at the insertion of the third rib. If now a position on the right side was assumed, the absolute heart dulness disappeared entirely, and a relative dulness of only two centimetres on each side of the sternum was found, extending from the fifth rib to the sixth intercostal space, while the impulse was felt close to the sternum in this space. The total range of movement of the apex beat equalled thirteen to fourteen centimetres. The physical examination of the other four cases gave very similar results. The symptoms of all were weakness, dizziness, and inability to lie on the side. When the attempt to assume this position was made, there developed pain, oppression, a sense of anxiety, and an increase of fifty to sixty beats in the pulse rate.

An interesting question is, whether the loss of fat resulting from the treatment was the cause of the abnormal movability. The examination of a large number of healthy men showed that only a slight displacement of the apex beat or of the cardiac dulness occurred on change of position. On the other hand, in a number of advanced cases of pulmonary tuberculosis with great loss of bodily weight there was a very considerable displacement of the apex beat when the patient was lying on either side. The same condition was observed in a patient with progressive muscular atrophy, who had lost forty pounds weight. The author does not hesitate, therefore, to consider the treatment for obesity the essential cause of the abnormal movability of the heart in the cases which he reports.

CONGENITAL NARROWNESS OF THE AORTIC SYSTEM.

O. FRAENTZEL (*Deutsch. medicin. Wochenschr.*, 1888, 589) reports several cases of disease of the circulatory apparatus apparently due to a congenital narrowness in the aortic system. Two of the cases were confirmed by autopsy. The subjective symptoms are those of heart disease, but the heart sounds are clear, the second sound often accentuated, and the heart exhibits some dilatation. The symptoms are especially like those of cardiac overstrain, but develop in persons who have undergone no, or but slight, exercise. The hypertrophy of the heart begins in youth, is followed by dilatation, and finally by the signs of insufficient compensation. The arteries of the body are small, their tension high, and the face often strikingly pale. It is probable that the cases of congenital narrowness of the aortic system are much commoner than has hitherto appeared.

A STUDY OF THE ARTERIES AND VEINS IN BRIGHT'S DISEASE.

ARTHUR V. MEIGS (*Medical Record*, 1888, 34, 1) reviews somewhat the state of the question regarding the origin, nature, and relations of Bright's disease and of heart disease, and illustrates his remarks by microscopic drawings of sections of the bloodvessels. He concludes that in the so-called chronic Bright's disease we have to do with an affection widespread in its effects, and that the most characteristic and probably most important changes are those of the intima of the arteries; in which changes it is likely that the veins always participate. Alterations in the muscular coat and the adventitia, though often present, are probably secondary to those of the intima, and are by no means so important in their effects. The process seems to be coextensive with, and, it is likely, is a part of the change in the large arteries which is so common and so well known as atheroma. Finally, in the absence of knowledge concerning the participation of the nerve substance, it seems most probable that the earliest of the now known pathological steps to make its appearance is the alteration of the intima of the bloodvessels.

THE ETIOLOGY OF ACUTE BRIGHT'S DISEASE.

JULIUS MANNABERG (*Centralbl. f. klin. Med.*, 1888, 537) reports eleven cases of acute Bright's disease, in eight of which he found the streptococcus discovered and described by Lustgarten and himself some time ago. The quantity of the cocci always stood in direct proportion to the severity of the disease in general, and to the variations in the phases of the individual cases. In fatal cases the urine often contained enormous numbers of the microörganisms. In other cases the numbers diminished as the secretion of urine increased, and completely disappeared when the other symptoms began to abate. They could not be distinguished morphologically from the streptococci of erysipelas and of pus, but through cultures, which the author describes, were found to be entirely different from species previously known. They may be stained by various aniline colors, but it is necessary to avoid heating the cover-glass in drying the specimen. Control experiments made on the urine of various patients with pathological conditions, including contracted kidney and passive congestion, amyloid degeneration, and tuberculosis of this organ, invariably failed to reveal any of the cocci. Experiments with animals showed that the cocci were decidedly pathogenic, at least for dogs and rabbits. There were produced, namely, more or less intense evidences of disturbance of the kidneys three or four days after inoculation. Renal epithelium, blood, casts, hæmatoidin crystals, albumen, and streptococci were found in the urine, and the last mentioned proved themselves identical with those used for inoculation. The author believes, therefore, that certain forms of idiopathic acute Bright's disease are the result of the action of bacteria; it being already admitted that nephritis occurring in the course of the general infectious diseases is of this nature.

Hydrops Intermittens Articulorum.

Fridenberg (*Medical Record*, 1888, 33, 657) reports, from his own practice, two cases of a peculiar vasomotor affection of the joints, and collects twenty-four others from the literature of the past twenty years. This consists of a serous exudation into one or more joints, arising without appreciable cause, and recurring and subsiding spontaneously at certain definite periods. It would certainly appear to be a vasomotor neurosis, since in five cases palpitation, syncope, exophthalmos, rigors, and transpiration were also noted; and in two instances there were fully developed symptoms of Basedow's disease. Various marked emotional disturbances were present in others. Pregnancy exerted a remarkable influence in eight out of nine cases in which it occurred, in that there was meanwhile a complete cessation of the attacks. The exact pathology of the affection is uncertain, as no case has come to autopsy yet. The rapidity with which the effusion appears and is again absorbed, shows that it is a passive non-inflammatory dropsy due to some temporary interference with the vasomotor control. Periodicity is a very marked characteristic, as it often is of other vasomotor diseases. It has not in these cases anything to do with malaria. In the only one of the author's cases to whom treatment could be regularly given, great permanent improvement, and even temporary cure followed the application of galvanism to the medulla, combined with tonic and alterative medication.

Calcium Chloride in Glandular Affections of the Neck.

Thomas J. Mays (*Archives of Pediatrics*, 1888, 471) reviews the employment of calcium chloride, formerly used in scrofulous affections. He has used it for several years, especially in scrofulous affections of the neck, and found it to act admirably in many cases in which cod-liver oil internally and iodine externally had proved futile. It can be given in milk or water in doses of two to four grains for children, and ten to twenty grains for adults. The best vehicle, however, is syrup of sarsaparilla. It must not be confounded with the chloride of lime used for disinfecting; and to avoid this confusion the *granular* chloride of calcium should be ordered.

Naphthol in Stomatitis.

D. W. Loney (*Medical Record*, 1888, 33, 664) has used naphthol in several cases of stomatitis with good results. It is indicated wherever a reliable disinfectant and antiseptic is required. In a case of mercurial stomatitis it gave almost immediate relief to many of the unpleasant symptoms, and in a case of stomatitis in a woman which had resisted ordinary treatment it was all that could be desired. It may be used as a mouth wash or gargle, is not unpleasant in taste, and is non-poisonous in its effects on the system.

LACTIC ACID AND DIET IN INFANTILE DIARRHŒA.

FRANK WHITEFIELD SHAW (*N. Y. Med. Journ.*, 1888, xlviii. 123), following the rules laid down by Hayem, has been employing lactic acid in the green diarrhœa of infants. He has also extended its application to all forms of infantile diarrhœa, and with excellent results. Since 1887 he has administered this treatment to over 100 patients, varying in age from ten weeks to twenty-four months, and with great variety in the intensity of the disease. A child under twelve months received one-half a teaspoonful of a two per cent. solution every hour; or if the discharges are very frequent, a teaspoonful every hour for six doses, and then a half a teaspoonful every hour. Over twelve months, a teaspoonful is the ordinary dose. Within a period of twelve to seventy-two hours the character of the alvine discharges begins to change; the greenish becoming less watery and assuming a yellow tint, and the yellowish watery, or the bloody passages assuming a greater consistence without the offensive odor. The general results were so satisfactory that the author has abandoned all other drugs in this disease. Under its use also vomiting is controlled, temperature reduced, intestinal pain quieted, and restlessness and sleeplessness overcome.

As most of the patients treated were of the poorest class, he gave special attention at the same time to a proper regulation of the diet. An exclusive diet, either of breast milk or of artificial food, did not seem to give good results. Food too rich in fat cannot well be tolerated, and as mother's milk is sometimes open to this objection, a small quantity of the prepared food was administered before nursing. The proportion of caseine, too, was rendered smaller thereby, and when lactic acid was also employed as the medicine, recovery was usually speedy.

SURGERY.

UNDER THE CHARGE OF

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TRAUMATIC APHASIA RELIEVED BY THE REMOVAL OF A BLOOD-CLOT FROM THE CEREBRUM.

BALL (*Dublin Journal of Medical Science*, September, 1888) records a case of peculiar interest successfully operated on by him for the cure of aphasia. The patient had been struck a blow in the head with a penknife ten days before admission to the hospital. He had noticed, since the blow, increasing difficulty in using the right words. On examination a small scab was found